17157

 \subseteq

S

UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	CRD5067
First Inventor	Donald K. Jones, et al.
Title	Vascular Occlusive Device With Elastomeric Bioresorbable က Coating
Express Mail Label No.	E1465909096US

(only for new nonprovisional applications under 37 CFR

1.53(b))

APPLIC/	NOITA	ELEM	IENTS
---------	-------	------	-------

See MPEP Chapter 600 concerning utility patent application

ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

1.	\boxtimes	Fee Transmittal Form (e.g., PTO/SB/17)
		(submit an original and a duplicate for fee processing)
_		A 11

- 2. Applicant claims small entity status.
- 3. Specification [Total Pages 21]
 - (Preferred arrangement set forth below) - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)

- Abstract of the Disclosure
 4. ☐ Drawing(s)(35 USC 113) [Total Sheets 5] 5. Oath or Declaration [Total Pages 4] a. ☐ Newly executed (original or copy) b. ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application see 37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. paper c. Statement verifying identity of above copies
ACCOMPANYING APPLICATION PARTS 9.

18. If a CONTINUING APPLICA	ATION, check ap	propriate box and supply the requisite information below and in a
preliminary amendment, or	in an Application	Data Sheet under 37 CFR 1.76:
☐ Continuation ☐ Divisional	☐ Continuation	n-in-Part (CIP) of prior application No.:
Prior application information:	Examiner:	Group Art Unit:
	Examiner:	Group Art Unit:
	Examiner:	Group Art Unit:
	ONAL ADDO -	attivities of the contract of

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or

declaration is supplied under Box 5b, is considered a part of the disc is hereby incorporated by reference. The incorporation can only be r submitted application parts.	
19. CORRESPON	DENCE ADDRESS
Customer Number or Bar Code Label 000027777	or Correspondence Address below

☐ Customer Number or Bar Code Label 000027777 Name: Philip S. Johnson, Esq. Johnson & Johnson Address:

One Johnson & Johnson Plaza

New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Henry W. Collins at: Telepho

i icase ancoran to	repriorie oune or tele	naxoo to morny vi.	oomino at.		
Telephone: (78)	6) 313-2707	Fax: (786) 313-27	' 47		
21. S	IGNATURE OF API	PLICANT, ATTORN	IEY, OB AGENT	REQUIRED	
NAME	Henry W. Collins	Lie	1	Reg. No. 25,039	
SIGNATURE		125/Vro			
DATE	March 29, 2004				

FEE TRANSMITTAL

٦	Complete if Known			
Ī	Application Number	Unknown		
Ī	Filing Date	March 29, 2004		
İ	First Named Inventor	Donald K. Jones, et al.		
ſ	Group Art Unit	Unknown		
ſ	Examiner Name	Unknown		
1	Attorney Docket Number	CRD5067		

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILE	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	40 - 20 =	20	x 18.00	\$360.00
INDEPENDENT CLAIMS	7 - 3 =	4	x 84.00	\$336.00
MULTIPLE DEPENDENT CLAIMS		N/A	\$280.00	
		TOTAL FEES	\$1,466.00	

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/CRD5067/HWC in the amount of \$1,466.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD5067/HWC. Three copies of this sheet are enclosed.

SUBMITTED E	BY:			Complete (if applicable)
Typed or Printed Name	Henry W. Collins			Reg. No. 25,039
Signature	Henre	J. Cie	Date: March 29, 2004	Deposit Account No. 10-0750

FEE TRANSMITTAL

	Complete if Known		
	Application Number	Unknown	
	Filing Date	March 29, 2004	
	First Named Inventor	Donald K. Jones, et al.	
	Group Art Unit	Unknown	
ı	Examiner Name	Unknown	
	Attorney Docket Number	CRD5067	

FEE CALCULATION

CLAIMS AS FILED

(1)	(2)		(3)	(4)	(5)
FOR:	NUMBER	FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	40 - 20 =		20	x 18.00	\$360.00
INDEPENDENT CLAIMS	7 - 3 =		4	x 84.00	\$336.00
MULTIPLE DEPENDENT CLAIMS			N/A	\$280.00	
-		TOTAL FEES	\$1,466.00		

METHOD OF PAYMENT

- Please charge Deposit Account No. 10-0750/CRD5067/HWC in the amount of \$1,466.00. Three copies of this sheet are enclosed.
- The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/CRD5067/HWC. Three copies of this sheet are enclosed.

SUBMITTED E	Complete (if applicable)		
Typed or Printed Name	Henry W. Collins		Reg. No. 25,039
Signature	Home Cac	Date: March 29, 2004	Deposit Account No. 10-0750

DOCKET NO. CRD5067

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):

Donald K. Jones

Mark B. Roller

Angelo G. Scopelianos Murty N. Vyakarnam

Filed:

March 29, 2004

For:

Vascular Occlusive Device With Elastomeric Bioresorbable Coating

Express Mail Certificate

"Express Mail" mailing number: EI465909096US

Date of Deposit: March 29, 2004

I hereby certify that this complete application, including specification pages, claims,

Declaration and Power of Attorney, Assignment and formal drawings are being deposited with the United Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, PO Box 1450,

Alexandria, VA 22313-1450.

Jose Laguardia

Typed or printed name of person mailing paper or fee)

(signature of person mailing paper or fee)